

Counselor: \_\_\_\_\_

**TEACHER RECOMMENDATION FORM**  
(for PCHS Student Services Use Only)

**Teachers: Please return this form directly to Student Services as soon as possible.** This form will be used to help counselors write students' recommendations for colleges and scholarships as well as various other opportunities. Please give as much detailed information as you can. **This information will be not be shared with the student or parent.** Feel free to be candid in your description and please be sure to complete **both sides** of this form.

**Teacher Completing Recommendation:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Course Taught By Teacher:** \_\_\_\_\_

Please evaluate this student in terms of the following by making a check under the appropriate heading. In making these ratings, please keep in mind that you should compare this student with his or her entire class.

	Average or Below	Good-Above Average	Excellent Top 15% This Year	Outstanding Top 5% This Year	One of the Top Few I Have Ever Encountered In My Career	No Basis Judgment
Academic Motivation						
Academic Creativity						
Academic Self-Discipline						
Academic Growth Potential						
Leadership						
Self-Confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Energy						
Emotional Maturity						
Reaction to Setbacks						
Initiative						
Industry						
Judgment						
Reliability						
Ability to Work with Others						
Critical/Analytical Thinking Skills						
Consistent Performance						

